



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

August 9, 2018

Earl Johnson, Chairman of Board
Karamu Nutrition Programs, Inc.
2670 Union Avenue Ext Suite 900
Memphis, Tennessee 38112-4429

Dear Mr. Johnson,

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Karamu Nutrition Programs, Inc. Application Agreement 00-340 on April 30, 2018, through May 3, 2018. The exit conference was conducted on June 28, 2018, after revisions were made in TIPS for the March 2018 claim by the Sponsor. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

Background

CACFP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements.

Three types of programs were evaluated during the test month of March 2018- Childcare Centers, At Risk sites, and Day Care Homes.

The Sponsor had 107 Childcare Centers, four At Risk sites, and 289 Day Care Homes in operation during the month of March 2018. Our sample included six Childcare Centers, one At Risk site, and 20 Day Care Homes.

Our review of the Sponsor's records for March 2018 disclosed the following:

Childcare Centers

The Sponsor had 107 centers in operation during the month of March 2018. Loving Hands Childcare, Sportscare Inc., Tipton Tots Daycare and Pre-K, Audette's Academy for Early Learning, The First Step Day Care Center, and Millington Child Development Center were selected as sample sites.

Our review of the Sponsor's records for Childcare Centers for March 2018 disclosed the following:

1. The number of participants reported in the free and reduced price category was incorrect

Condition

The claim for reimbursement for the test month of March 2018 reported 216 participants in the free category, 33 participants in the reduced-price category and 134 participants in the paid category for the six centers sampled. However, our review of the Sponsor's records verified there were 217 participants in the free category, 32 participants in the reduced-price category and 134 participants in the paid category. The differences were based on the following:

Sportscare, Inc.

There was one participant reported in the reduced price category, but according to the application, the participant should have been free. The participant was reclassified as free.

Millington Child Development Center

There was one participant reported in the free category, but according to the application, the participant should have been reported as paid. This participant was reclassified as paid.

There was one participant reported in the paid category but according to the application, the participant should have been reported as free. This participant was reclassified as free.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Title 7 of the Code of Federal Regulations Section 226.17 (b)(8) states, "Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduced price meals in accordance with §226.23(e)(1) ... Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

Recommendation

The Sponsor should ensure each participant is classified and reported according to income eligibility applications for child care center participants. Applications should be maintained on file and updated annually.

2. The Sponsor claimed the incorrect number of meals

Condition

The claim for reimbursement for the test month of March 2018 reported 4,319 breakfast meals, 4,480 lunch meals, 5,879 supplements, and 22 supper meals served. However, our review of the Sponsor's records verified 4,343 breakfast meals, 4,487 lunch meals, 5,879 supplements, and 22 supper meals prior to any meal disallowances. The Sponsor under reported the number of breakfast meals by 24 and lunch meals by seven.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Recommendation

The Sponsor should ensure the meal count claimed agrees with the actual meal count documentation and meals served.

3. The Sponsor reported an incorrect number of meals from an observed meal service

Condition

Tipton Tots Daycare and Pre-K

On March 1, 2018, we conducted an unannounced on-site visit at Tipton Tots Daycare and Pre-k to observe a meal service. Based on our observation, we noted that there were 32 participants who were served breakfast. The sponsor reported a total of eight meals were served. The under claiming of the 24 breakfast meals was addressed in finding 2.

Millington Child Development Center

On March 1, 2018, we conducted an unannounced on-site visit at Millington Child Development Center to observe a meal service. Based on our observation, we noted 48 lunch meals were served during the approved meal service from 10:45 am until 11:45 am. However, the Sponsor reported a total of 41 lunch meals as served. This under claiming of the seven lunch meals was addressed in finding 2.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Recommendation

The Sponsor should ensure the number of meals reported agree with the actual number of meals served during the meal service time.

4. A breakfast meal was served outside of the approved service time

Condition

Sportscare, Inc.

On March 2, 2018, we conducted an unannounced on-site visit at Sportscare, Inc to observe a meal service. The approved service time was 8:30 am to 9:00 am for the second shift breakfast meal. The feeding site served a total of 67 breakfast meals. Twenty-six breakfast meals were served past the approved service time of 9:00 am. No meals were disallowed due to being observed by monitor.

Criteria

Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states "Each child care center participating in the Program shall claim only the meal types specified in its approved application..."

Recommendation

The Sponsor should ensure the meals are served during the approved meal service.

5. The Sponsor provided infant menus that did not meet USDA requirements

Condition

Millington Child Development Center

The infant menus for March 2018 had deficiencies and listed the following:

Infant: 6-11 month Menu

Dates	Deficiencies	Deficient Meal
3/2,3/5,3/6,3/7,3/8,3/9,3/20, 3/21,3/22,3/26,3/27,3/28/18	Missing Component: Iron Fortified Infant Cereal	16 Lunch Meals

Infant: 6-11 month Menu

Date	Deficiencies	Deficient Meal
March 8, 2018	Missing Component: Iron Fortified Infant Cereal	1 Breakfast Meal

As a result, the cost reimbursement of 16 lunch meals and one breakfast meal was disallowed.

Criteria

Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states. "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20 ..."

Recommendation

The Sponsor should ensure infant menus meet the meal patterns established by the USDA.

- 6. The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served requiring milk**

Tipton Tots Daycare and Pre-K

Condition

Based on the number of meals served with milk as a required component, a total of 8,272 ounces were needed. However, the receipts provided totals and amount of 7,168 ounces purchased for March 2018. This resulted in a shortage of milk in the amount of 1,104 ounces. As a result, the cost reimbursement of 184 breakfast meals was disallowed.

The milk receipts and the meal counts for February 2018 were calculated. According to the Sponsor, the feeding site had carryover milk from February 2018 to March 2018. According to the receipts retrieved from Tipton Tots on July 5, 2018, for February 2018, the feeding site needed 5,668 ounces, but only purchased 2,432. No carryover milk can be counted because the feeding site did not have any milk to carry over to March 2018.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c)(2) states, "...in submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Title 7 of the Code of Federal Regulations, Section 226.20 (c)(2) states, "Fluid milk, meat and meat alternates, vegetables, fruits, and grains are required components in the lunch and supper meals..."

Recommendation

The Sponsor should ensure feeding sites purchase enough milk to provide all participants with the required amount of milk for meals that are claimed for reimbursement.

The Sponsor should ensure the sites maintain receipts to verify the purchase of the food items identified on the menu.

7. Menus provided did not support the requirement that one whole grain-rich grain must be served each day

Condition

Millington Child Development Center

In accordance to the revised meal pattern requirements, effective October 2017; at least one serving of grain per day must be whole grain-rich. The following menus did not list a whole grain item on the menu.

On March 1st, 13th, 14th, 15th, 22nd, and 29th, 2018 the Sponsor did not list whole grain items on the menu.

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (4)(a) states, "At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains in the food are enriched and must meet the whole grain-rich criteria specified in FNS guidance."

Recommendation

The Sponsor should ensure the menu reflects and meet the meal patterns established by the USDA.

8. The Sponsor provided infant menus that did not meet the new CACFP meal pattern requirements for infants effective October 1, 2017

Condition

Millington Child Development Center

The menus provided for infants had deficiencies and listed the following:

Infant: 6-11 month Menu

Dates	Deficiencies	Deficient Meal
3/2,3/5,3/6,3/7,3/8,3/9,3/12, 3/14,3/19,3/20,3/21,3/22,3/23,3/26,3/27,3/28,3/29,3/30	Missing Component: fruit or vegetable component	18 Supplements

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (4)(2)(b) states in part, "...Infant meals must have, at a minimum, each of the food components indicated, in the amount that is appropriate for the infant's age..... Snack. Two to 4 fluid ounces of breastmilk or iron-fortified infant formula; and 0 to 1/2 slice bread; or 0-2 crackers; or 0-4 tablespoons infant cereal or ready-to-eat cereals; and 0 to 2 tablespoons of vegetable or fruit, or portions of both. Fruit juices and vegetable juices must not be served. A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

Recommendation

The Sponsor should ensure meal requirements are met that are established by the USDA.

Note:

- On March 1, 2018 Program Monitor observed one lunch meal at Loving Hands Child Care. Per monitor, the lunch meal did not contain a sufficient amount of protein. No meals were disallowed due to Sponsor disallowing meals prior to submitting the claim for reimbursement.
- On March 1, 2018 Program Monitor observed a breakfast meal at Tipton Tots Daycare and Pre-K revealed no deficiencies.
- On March 1, 2018 Program Monitor observed a breakfast meal at Millington Child Development Center revealed no deficiencies.
- On March 2, 2018 Program Monitor observed a breakfast meal at Sportscare, Inc. revealed no deficiencies.
- On March 5, 2018 Program Monitor observed a breakfast meal at Audette's Academy for Early Learning revealed no deficiencies.
- On March 5, 2018, the Program Monitor observed a lunch meal at The First Step Daycare revealed no deficiencies.

At Risk Sites

The Sponsor had four At Risk sites in operation during the month of March 2018. Lilyroze Studios was selected as the At Risk sample site.

Our review of the Sponsor's records for At Risk sites for March 2018 disclosed the following:

9. The Sponsor claimed the incorrect number of meals

Condition

The claim for reimbursement for the test month reported 245 lunch meals, 2,219 supplements, and 870 supper meals served for the at risk sites. However, our review of the Sponsor's records verified 245 lunch meals, 2,236 supplement meals, and 870 supper meals prior to any meal disallowances. The Sponsor under reported the number of supplement meals by 17.

IDANCE Studio

The supplements reported for Idance Studios was 1,104. Staff verified 1,121 supplements. This resulted in the 17 meals were under reported for the supplements that were addressed above.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Recommendation

The Sponsor should ensure the meal count claimed agree with the actual meal count documentation and meals served.

10. The Sponsor reported incorrect participant days

Condition

The claim for reimbursement for the test month reported a total of 3,334 participant days for the At Risk sites. However, based on our review of the Sponsor's records, we noted 2,238 participant days based on the following information:

IDANCE Studios

The reported attendance by the Sponsor was a total of 1,104, however, staff verified 1,114 total participant days.

Global Connection Communities

The reported attendance by the Sponsor was a total of 1,008, however, staff verified 504 total participant days.

Y.A.D.A

The reported attendance by the Sponsor was a total of 1,222, however, staff verified 620 total participant days.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."

Recommendation

The Sponsor should ensure the attendance is recorded and reported correctly. Appropriate supporting documentation should be maintained and available.

11. The number of supplement meals verified exceeded the validated participant days

Condition

IDANCE Studios

Based on the meal count documentation, the number of verified supplements exceeded the validated participant days by seven. Our review verified 1,121 supplements served and 1,114 validated participant days. The number of meals served cannot exceed the verified attendance of 1,114. As a result, seven supplements were not allowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."

Recommendation

The Sponsor should ensure accurate meal counts are reported and do not exceed attendance.

Note:

On March 20, 2018, a meal observation was attempted at Lilyroze Studios, no meals were served due to building repair issues. All meal count sheets and attendance was reconciled for all at risk sites for the month of March 2018.

Technical Assistance Provided

Technical assistance was provided to the Sponsor regarding at risk program attendance.

Disallowed Meals Cost Day Care Centers/At Risk Sites

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$312.96.

Daycare Homes

The Sponsor had 289 Day Care Homes in operation during the test month. We observed a meal service at Home 00312(Belinda Kirkham), Home 0066 (Brandie Paine), Home 0094 (Carol Voss), Home 0069 (Clarice Randle), Home 0238 (Connie Bracy), Home 0035 (Davette Logan), Home 0043 (Dorothy Parks) Home 0211 (Karen Smith), Home 0284 (Katrina Lane), Home 0111 (Latrice Clark), Home 0395 (Lisa Grandberry), Home 0067 (Loretta Flowers), Home 0320 (Lula Tate), Home 0004 (Mary Cawthon), Home 0101 (Misha Boyd), Home 0106 (Monica Johnson), Home 0027 (Pamela Johnson), Home 0471 (Stacy Johnson), Home 0278 (Tangela Amos), Home 0033 (Teresa Raimey)

12. The Sponsor reported an incorrect number of meals

Condition

Home 1137 Brandie Paine

The Sponsor reported 152 lunch meals, 152 supper meals, and 152 supplements. However, according to the five day reconciliation taken at the home by the monitor on March 12, 2018, the documentation showed no meals recorded for Macie P. on March 9, 2018. As a result, one lunch meal, one supplement meal and one supper meal were disallowed.

Home 0106 Monica Johnson

The Sponsor reported 132 breakfast meals, 133 lunch meals, and 133 supplements. However, according to the five day reconciliation taken at the home by the monitor on March 9, 2018, showed no meals recorded for Katie W. on 3/8/18. As a result, one breakfast meal, one lunch meal and one supplement meal were disallowed.

Home 0069 Clarice Randle

The Sponsor disallowed five breakfast meals, five lunch meals, and five supplements due to monitor stating during the site visit that meals would be disallowed due to meal counts not being recorded as being served on March 27, 2018. As a result, five breakfast meals, five lunch meals, and five supplements were added to the verified count.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10 (c) states "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

Recommendation

The Sponsor should ensure the meal count claimed agrees with the actual meal count documentation and meals served.

13. All menus provided did not support the requirement that one whole grain-rich grain must be served each day

Home 0238 Connie Bracy

On March 6th and March 8th, the provider did not list a whole grain rich food on the menu as being served.

Home 0284 Katrina Lane

On March 5th, 13th, 16th, 19th, 20th, 21st, 22nd, 23rd, 28th, and 29th the provider did not list a whole grain rich food on the menu as being served.

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns. The Sponsor also noted on the OER that a meal warning was given to the daycare providers for not listing a whole grain-rich food daily on the menu.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (4)(a) states, "At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains in the food are enriched, and must meet the whole grain-rich criteria specified in FNS guidance."

Recommendation

The Sponsor should ensure the menus reflect and meet the meal patterns established by the USDA.

Note:

On March 1, 2018, the Program Monitor observed a breakfast meal at Home Connie Bracy revealed no deficiencies.

On March 1, 2018, the Program Monitor observed a lunch meal at Home Stacy Johnson revealed no deficiencies.

On March 2, 2018, the Program Monitor observed a lunch meal at Home Pamela Johnson and almond milk was served to one child. There was no doctor statement on file. No meals were disallowed by DHS due to Sponsor disallowed prior to submitting a claim for reimbursement.

On March 5, 2018, the Program Monitor observed a PM snack meal at Home Teresa Raimey that revealed no deficiencies.

On March 6, 2018, the Program Monitor attempted a lunch meal observation at Home Carol Voss. The provider was not at home and the monitor was not allowed to enter the home.

On March 7, 2018, the Program Monitor observed a lunch meal at Home Tangela Amos. There was no milk served or a 2nd fruit or vegetable. No meals were disallowed by DHS due to Sponsor disallowed prior to submitting a claim for reimbursement.

On March 7, 2018, the Program Monitor observed a lunch meal at Home Latrice Clark that revealed no deficiencies.

On March 9, 2018, the Program Monitor observed a breakfast meal at Home Monica Johnson that revealed no deficiencies.

On March 9, 2018, the Program Monitor observed a lunch meal at Home Katrina Lane that revealed no deficiencies.

On March 12, 2018, the Program Monitor observed a lunch meal at Home Brandi Paine that revealed no deficiencies.

On March 19, 2018, the Program Monitor observed a breakfast meal at Home Mary Cawthon that revealed no deficiencies.

On March 19, 2018, the Program Monitor observed a lunch meal at Home Dorothy Parks that revealed no deficiencies.

On March 20, 2018, the Program Monitor observed a lunch meal at Home Belinda Kirkham that revealed no deficiencies. There were no records for the month to view. Provider did not claim any meals prior to the visit.

On March 20, 2018, the Program Monitor observed a pm snack meal at Home Karen Smith that revealed no deficiencies.

On March 21, 2018, the Program Monitor observed a lunch meal at Home Devette Logan that revealed no deficiencies.

On March 24, 2018, the Program Monitor observed a lunch meal at Home Lisa Grandberry that revealed no deficiencies.

On March 27, 2018, the Program Monitor observed a pm snack meal at Home Clarice Randle that revealed no deficiencies.

On March 28, 2018, the Program Monitor observed a breakfast meal at Home Lula Tate that revealed no deficiencies.

On March 28, 2018, the Program Monitor observed a breakfast meal at Home Loretta Flowers that revealed no deficiencies.

On March 28, 2018, the Program Monitor observed at lunch meal at Home Misha Boyd that revealed no deficiencies.

Disallowed Meals Cost

Disallowed Meals Cost Day Care Centers/At Risk Sites

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$312.96.

Corrective Action

Karamu Nutrition Programs, INC. must complete the following actions within 30 days from the date of this report:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for March 2018, which contains the verified claim data from the enclosed exhibits. ***Please note that, if the claim is revised,*** TIPS will automatically deduct the overpayment from your next CACFP claim for reimbursement. ***OR***
- If you are no longer participating in the CACFP program, remit a check payable to the ***Tennessee Department of Human Services*** in the amount noted in the report for recovery of the amounts disallowed in this report. ***Please return the attached billing notice with your check;*** and

- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director
Child and Adult Care Food Program
8th Floor Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313--3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim is completed within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

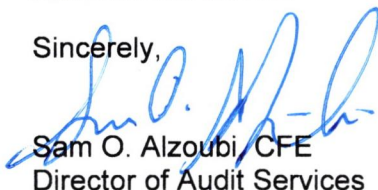
In accordance with the federal regulation found at 7 *CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerks Office
P.O. Box 198996
Nashville, Tennessee 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or sean.baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

Cc: Tony Corley, President, Karamu Nutrition Programs, Inc.
 Vera Corley-Sims, Executive Director, Karamu Nutrition Programs, Inc.
 Allette Vayda, Director of Operations, Child and Adult Care Food Program
 Debra Pasta, Program Manager, Child and Adult Food Program
 Elke Moore, Administrative Assistant 3, Child and Adult Care Food Program
 Constance Moore, Program Specialist, Child and Adult Care Food Program
 Marty Widner, Program Specialist, Child and Adult Care Food Program
 Comptroller of the Treasury, State of Tennessee

EXHIBIT A

Verification of CACFP Sponsor of Unaffiliated Centers Claim

Sponsor: Karamu Nutrition Programs, Inc.

Review Month/Year: March /2018

Total Amount of Reimbursement to Sponsor for Sample Sites: \$19,511.46

Amount of CIL Included with Reimbursement: \$1,046.74

Total Sponsor Meal Payments to Centers: \$ \$18,039.66

Total Administrative Payment withheld: \$1,471.86

Program Area	Reported on Claim	Reconciled By Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	6,135	6,135
Number of Breakfasts Served	4,319	4158
Number of Lunches Served	4,480	4,471
Number of Suppers Served	22	22
Number of Supplements Served	5,879	5,879
Number of Participants in Free Category	216	217
Number of Participants in Reduced-Price Category	33	32
Number of Participants in Paid Category	134	134
Total Number of Centers Sampled	XXXXX	6

EXHIBIT B**Verification of Unaffiliated Sponsored Center Data****Center: Tipton Tots Daycare & Pre-K 317****Reimbursement Paid by Sponsor: \$ 4,408.59****CIL Reported by Sponsor: \$210.65****Reimbursement Due based on Reported Information: \$4,562.47****Reimbursement Due based on Verified Information: \$4,337.44**

Program Area	Reported on Claim	Reconciled By Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	1,130	1,130
Number of Breakfasts Served	924	764
Number of Lunches Served	906	906
Number of Supplements Served	1,006	1,006
Number of Participants in Free Category	45	45
Number of Participants in Reduced-Price Category	1	1
Number of Participants in Paid Category	13	13
Total Number of Participants	59	59
Total Amount of Food Costs	XXXXX	\$ 792.85
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$ 1,054.85

EXHIBIT C**Center: Sports Care, Inc. 0271****Reimbursement Paid by Sponsor: \$ 8,985.91****CIL Reported by Sponsor: \$523.13****Reimbursement Due based on Reported Information: \$9,865.42****Reimbursement Due based on Verified Information: \$9,885.91**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Total Attendance	3,456	3,456
Number of Breakfasts Served	2,390	2,390
Number of Lunches Served	2,250	2,250
Number of Supplements Served	3,363	3,363
Number of Participants in Free Category	116	117
Number of Participants in Reduced-Price Category	29	28
Number of Participants in Paid Category	84	84
Total Number of Participants	229	229
Total Amount of Food Costs	XXXXX	\$5,581.42
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$6,742.96

EXHIBIT D**Center: Millington Child Development Center 389****Reimbursement Paid by Sponsor: \$ 2,549.95****CIL Reported by Sponsor: \$209.02****Reimbursement Due based on Reported Information: \$2,794.09****Reimbursement Due based on Verified Information: \$2,781.31**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Total Attendance	903	903
Number of Breakfasts Served	553	552
Number of Lunches Served	899	890
Number of Supplements Served	893	893
Number of Participants in Free Category	23	23
Number of Participants in Reduced-Price Category	2	2
Number of Participants in Paid Category	24	24
Total Number of Participants	49	49
Total Amount of Food Costs	XXXXX	\$1028.02
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$1,308.42

EXHIBIT E**Center: Loving Hands Childcare 299****Reimbursement Paid by Sponsor: \$ 293.03****CIL Reported by Sponsor: \$12.79****Reimbursement Due based on Reported Information: \$317.23****Reimbursement Due based on Verified Information: \$317.23**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	210	210
Number of Breakfasts Served	139	139
Number of Lunches Served	55	55
Number of Supplements Served	199	199
Number of Participants in Free Category	6	6
Number of Participants in Reduced-Price Category	1	1
Number of Participants in Paid Category	8	8
Total Number of Participants	15	15
Total Amount of Food Costs	XXXXX	\$909.90
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$1,045.33

EXHIBIT F**Center: The First Step Day Care 117****Reimbursement Paid by Sponsor: \$ 489.44****CIL Reported by Sponsor: \$32.09****Reimbursement Due based on Reported Information: \$529.75****Reimbursement Due based on Verified Information: \$529.75**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	166	166
Number of Breakfasts Served	120	120
Number of Lunches Served	116	116
Number of Supplements Served	162	162
Number of Suppers Served	22	22
Number of Participants in Free Category	7	7
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	5	5
Total Number of Participants	12	12
Total Amount of Food Costs	XXXXX	\$321.31
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$403.00

EXHIBIT G**Center: Audette's Academy for Early Learning 358****Reimbursement Paid by Sponsor: \$ 1,312.68****CIL Reported by Sponsor: \$59.06****Reimbursement Due based on Reported Information: \$1,442.50****Reimbursement Due based on Verified Information: \$1,442.50**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	270	270
Number of Breakfasts Served	193	193
Number of Lunches Served	254	254
Number of Supplements Served	256	256
Number of Participants in Free Category	19	19
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	0	0
Total Number of Participants	19	19
Total Amount of Food Costs	XXXXX	\$513.87
Total Amount of Eligible Food and Nonfood Costs	XXXXX	\$568.37

EXHIBIT H**Verification of CACFP Sponsor of At Risk Afterschool Meals Program****Sponsor: Karamu Nutrition Programs, INC.****Review Month/Year: March /2018****Total Reimbursement: \$ 5,813.41**

Program Area	Reported on Claim	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Number of Sites	XXXXX	4
Total Attendance	3,334	2,238
Number of Lunches Served	245	245
Number of Supplements Served	2,219	2,229
Number of Suppers Served	870	870
Total Amount of Food Costs	XXXXX	See Sponsor of Center Exhibits
Total Amount of Eligible Food and Nonfood Costs	XXXXX	See Sponsor of Center Exhibits

EXHIBIT I**Verification of At Risk Afterschool Meals Program Individual Site Review Data****Site: Y.A.D.A**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	1,222	620
Number of Lunches Served	245	245
Number of Supplements Served	611	611
Number of Suppers Served	366	366

EXHIBIT J

Verification of At Risk Afterschool Meals Program Individual Site Review Data

Site: Global Connection Communities

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	13	13
Total Attendance	1,008	504
Number of Supplements Served	504	504
Number of Suppers Served	504	504

EXHIBIT K

Verification of At Risk Afterschool Meals Program Individual Site Review Data

Site: IDANCE STUDIOS

Program Area	Reported	Verified by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Total Attendance	1,104	1,114
Number of Supplements Served	1,104	1,114

EXHIBIT L**Verification of At Risk Afterschool Meals Program Individual Site Review Data****Site: Lilyroze Studio**

Program Area	Reported	Verified by Monitoring Review
Number of Days that CACFP Food Service was operated	0	0
Total Attendance	0	0
Number of Suppers Served	0	0

Exhibit M**Verification of CACFP Claim for Home Sponsor****Sponsor: Karamu Nutrition Services****Review Month/Year: March 2018**

Program Area	Reported on Claim	Reconciled by Monitoring Review
Total Average Daily Attendance	2,377	XXXXX
Number of Tier 1 Breakfast Meals Served	2,571	2,575
Number of Tier 1 Lunch Meals Served	2,717	2,720
Number of Tier 1 Supper Meals Served	642	641
Number of Tier 1 Supplement Meals Served	3,057	3,060
Total Number of Tier 1 Homes	289	289
Total Number of Homes	289	289
Total Number of Homes in Sample	XXXXX	20

Exhibit N

Individual Home Review Data

Name of Home/Tier Type: Belinda Kirkham 0312/ Tier 1

Sponsor Reimbursement Paid to the Home: \$373.77

Reimbursement due based on Reported Information: \$373.77

Reimbursement due based on Verified Information: \$373.77

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	8	8
Reconciled Attendance	XXXXX	107
Tier 1 Average Daily Attendance	13	13
Number of Tier 1 Breakfast Meals Served	48	48
Number of Tier 1 Lunch Meals Served	48	48
Number of Tier 1 Supper Meals Served	49	49
Number of Tier 1 Supplement Meals Served	99	99

Exhibit O

Individual Home Review Data

Name of Home/Tier Type: Brandie Paine 0066/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ 853.80

Reimbursement due based on Reported Information: \$853.80

Reimbursement due based on Verified Information: \$853.15

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	152
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Lunch Meals Served	152	151
Number of Tier 1 Supper Meals Served	152	151
Number of Tier 1 Supplement Meals Served	152	151

Exhibit P

Individual Home Review Data

Name of Home/Tier Type: Carol Voss 0094/ Tier 1

Sponsor Reimbursement Paid to the Home: \$596.79

Reimbursement due based on Reported Information: \$596.79

Reimbursement due based on Verified Information: \$596.79

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	148
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	139	139
Number of Tier 1 Lunch Meals Served	54	54
Number of Tier 1 Supper Meals Served	76	76
Number of Tier 1 Supplement Meals Served	130	130

Exhibit Q

Individual Home Review Data

Name of Home/Tier Type: Clarice Randle 0069/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ \$531.04

Reimbursement due based on Reported Information: \$531.04

Reimbursement due based on Verified Information: \$553.54

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXXXX	131
Tier 1 Average Daily Attendance	6	6
Number of Tier 1 Breakfast Meals Served	119	124
Number of Tier 1 Lunch Meals Served	116	121
Number of Tier 1 Supplement Meals Served	123	128

Exhibit R

Individual Home Review Data

Name of Home/Tier Type: Connie Bracy 0238/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ \$714.86

Reimbursement due based on Reported Information: \$714.86

Reimbursement due based on Verified Information: \$714.86

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	19	19
Reconciled Attendance	XXXXX	164
Tier 1 Daily Average Attendance	9	9
Number of Tier 1 Breakfast Meals Served	151	151
Number of Tier 1 Lunch Meals Served	163	163
Number of Tier 1 Supplement Meals Served	159	159

Exhibit S

Individual Home Review Data

Name of Home/Tier Type: Devette 0035 Logan/ Tier 1

Sponsor Reimbursement Paid to the Home: \$633.18

Reimbursement due based on Reported Information: \$633.18

Reimbursement due based on Verified Information: \$633.18

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	150
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	150	150
Number of Tier 1 Lunch Meals Served	133	133
Number of Tier 1 Supplement Meals Served	150	150

Exhibit T

Individual Home Review Data

Name of Home/Tier Type: Dorothy Parks 0043/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ \$240.66

Reimbursement due based on Reported Information: \$240.66

Reimbursement due based on Verified Information: \$240.66

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	85
Tier 1 Daily Average Attendance	4	4
Number of Tier 1 Breakfast Meals Served	42	42
Number of Tier 1 Lunch Meals Served	63	63
Number of Tier 1 Supplement Meals Served	42	42

Exhibit U

Individual Home Review Data

Name of Home/Tier Type: Karen Smith 0211/ Tier 1

Sponsor Reimbursement Paid to the Home: \$717.99

Reimbursement due based on Reported Information: \$717.99

Reimbursement due based on Verified Information: \$717.99

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	154
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	131	131
Number of Tier 1 Lunch Meals Served	132	132
Number of Tier 1 Supper Meals Served	45	45
Number of Tier 1 Supplement Meals Served	152	152

Exhibit V

Individual Home Review Data

Name of Home/Tier Type: Katrina Lane 0284/ Tier 1

Sponsor Reimbursement Paid to the Home: \$873.83

Reimbursement due based on Reported Information: \$873.83

Reimbursement due based on Verified Information: \$873.83

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	20	20
Reconciled Attendance	XXXXX	208
Tier 1 Average Daily Attendance	11	11
Number of Tier 1 Breakfast Meals Served	165	165
Number of Tier 1 Lunch Meals Served	208	208
Number of Tier 1 Supplement Meals Served	200	200

Exhibit W

Individual Home Review Data

Name of Home/Tier Type: Latrice Clark 0111/Tier 1

Sponsor Reimbursement Paid to the Home: \$ 621.00

Reimbursement due based on Reported Information: \$621.00

Reimbursement due based on Verified Information: \$621.00

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	138
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	138	138
Number of Tier 1 Lunch Meals Served	138	138
Number of Tier 1 Supplement Meals Served	138	138

Exhibit X

Individual Home Review Data

Name of Home/Tier Type: Lisa Grandberry 0395/ Tier 1

Sponsor Reimbursement Paid to the Home: \$685.14

Reimbursement due based on Reported Information: \$685.14

Reimbursement due based on Verified Information: \$685.14

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	154
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	148	148
Number of Tier 1 Lunch Meals Served	154	154
Number of Tier 1 Supplement Meals Served	154	154

Exhibit Y

Individual Home Review Data

Name of Home/Tier Type: Loretta Flowers 0067/ Tier 1

Sponsor Reimbursement Paid to the Home: \$1,302.38

Reimbursement due based on Reported Information: \$1,302.38

Reimbursement due based on Verified Information: \$1,302.38

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXXXX	291
Tier 1 Average Daily Attendance	14	14
Number of Tier 1 Breakfast Meals Served	288	288
Number of Tier 1 Lunch Meals Served	146	146
Number of Tier 1 Supper Meals Served	144	144
Number of Tier 1 Supplement Meals Served	290	290

Exhibit Z

Individual Home Review Data

Name of Home/Tier Type: Lula Tate 0320/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ 621.00

Reimbursement due based on Reported Information: \$621.00

Reimbursement due based on Verified Information: \$621.00

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXXXX	138
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	138	138
Number of Tier 1 Lunch Meals Served	138	138
Number of Tier 1 Supplement Meals Served	138	138

Exhibit AA

Individual Home Review Data

Name of Home/Tier Type: Mary Cawthon 0004 / Tier 1

Sponsor Reimbursement Paid to the Home: \$435.14

Reimbursement due based on Reported Information: \$435.14

Reimbursement due based on Verified Information: \$435.14

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXX	115
Tier 1 Average Daily Attendance	6	6
Number of Tier 1 Breakfast Meals Served	94	94
Number of Tier 1 Lunch Meals Served	93	93
Number of Tier 1 Supplement Meals Served	114	114

Exhibit BB

Individual Home Review Data

Name of Home/Tier Type: Misha Boyd 0101/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ 991.94

Reimbursement due based on Reported Information: \$991.94

Reimbursement due based on Verified Information: \$991.94

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	198
Tier 1 Average Daily Attendance	9	9
Number of Tier 1 Lunch Meals Served	175	175
Number of Tier 1 Supper Meals Served	176	176
Number of Tier 1 Supplement Meals Served	176	176

Exhibit CC

Individual Home Review Data

Name of Home/Tier Type: Monica Johnson 0106/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ 597.19

Reimbursement due based on Reported Information: \$597.19

Reimbursement due based on Verified Information: \$592.69

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	140
Tier 1 Average Daily Attendance	7	7
Number of Tier 1 Breakfast Meals Served	132	131
Number of Tier 1 Lunch Meals Served	133	132
Number of Tier 1 Supplement Meals Served	133	132

Exhibit DD**Individual Home Review Data****Name of Home/Tier Type: Pamela Johnson 0027/ Tier 1****Sponsor Reimbursement Paid to the Home: \$ 1,011.54****Reimbursement due based on Reported Information: \$1,011.54****Reimbursement due based on Verified Information: \$1,011.54**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXXXX	244
Tier 1 Average Daily Attendance	12	12
Number of Tier 1 Breakfasts Meals Served	215	215
Number of Tier 1 Lunches Meals Served	224	224
Number of Tier 1 Supplements Meals Served	245	245

Exhibit EE**Individual Home Review Data****Name of Home/Tier Type: Stacy Johnson 0471/ Tier 1****Sponsor Reimbursement Paid to the Home: \$ 666.02****Reimbursement due based on Reported Information: \$666.02****Reimbursement due based on Verified Information: \$666.02**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	154
Tier 1 Average Attendance	7	7
Number of Tier 1 Breakfast Meals Served	154	154
Number of Tier 1 Lunch Meals Served	146	146
Number of Tier 1 Supplement Meals Served	144	144

Exhibit FF

Individual Home Review Data

Name of Home/Tier Type: Tangela Amos 0278/ Tier 1

Sponsor Reimbursement Paid to the Home: \$ 868.38

Reimbursement due based on Reported Information: \$868.38

Reimbursement due based on Verified Information: \$868.38

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	22	22
Reconciled Attendance	XXXXX	205
Tier 1 Average Daily Attendance	10	10
Number of Tier 1 Breakfast Meals Served	205	205
Number of Tier 1 Lunch Meals Served	183	183
Number of Tier 1 Supplement Meals Served	205	205

Exhibit GG**Individual Home Review Data****Name of Home/Tier Type: Teresa Raimsey 0033 / Tier 1****Sponsor Reimbursement Paid to the Home: \$ 522.11****Reimbursement due based on Reported Information: \$522.11****Reimbursement due based on Verified Information: \$522.11**

Program Area	Reported	Reconciled by Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Reconciled Attendance	XXXXX	118
Tier 1 Average Attendance	6	6
Number of Tier 1 Breakfast Meals Served	114	114
Number of Tier 1 Lunch Meals Served	118	118
Number of Tier 1 Supplement Meals Served	113	113



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GOVERNOR

DANIELLE W. BARNES

COMMISSIONER

August 9, 2018

Earl Johnson, Chairman of Board
Karamu Nutrition Programs, INC.
2670 Union Avenue Ext Suite 900
Memphis, Tennessee 38112-4429

Notice of payment due to findings disclosed in the monitoring report dated August 9, 2018 for Child and Adult Care Food Program (CACFP)

Institution Name:	Karamu Nutrition Programs, INC
Institution Address:	2670 Union Avenue Ext Suite 900 Memphis, TN 38112-4429
Agreement Numbers:	00-340
Amount Due:	\$312.96
Due Date:	September 10, 2018

Based on the monitoring report issued, by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services- Food Programs- CACFP & SFSP management has agreed with the findings which require your institution to reimburse the Department of Human Services the disallowed cost noted in the report

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount noted above by the due date to:

**Fiscal Services 11th Floor
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243-1403
Tennessee Department of Human Services**

Please note that the disallowed meals cost/overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director of Operations at (615) 313-3769 or Allette.Vayda@tn.gov

Thank you for your attention

**Corrective Action Plan for Monitoring Findings**

Instructions: Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink.

Please return ALL pages of the completed Corrective Action Plan form.

Section A. Institution Information

Name of Sponsor/Agency/Site: Karamu Nutrition Programs, Inc	Agreement No. 00340	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 2670 Union Avenue Ext Suite 900Memphis, Tennessee 38112-4429

Section B. Responsible Principal(s) and/or Individual(s)

Name and Title: Earl Johnson, Chairman of the Board	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 8/10/2018	Corrective Action Plan: 8/10/2018
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Section D. Findings

Findings:

1. The number of participants reported in the free and reduced price category was incorrect
2. The Sponsor claimed the incorrect number of meals
3. The Sponsor reported an incorrect number of meals from an observed meal
4. A breakfast meal was served outside of the approved service time
5. The Sponsor provided infant menus that did not meet USDA requirements
6. The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served requiring milk
7. Menus provided did not support the requirement that one whole grain-rich grain must be served each day
8. The Sponsor provided infant menus that did not meet the new CACFP meal pattern requirements for infants effective October 1, 2017
9. The Sponsor claimed the incorrect number of meals
10. The Sponsor reported incorrect participant days
11. The number of supplement meals verified exceeded the validated participant days
12. The Sponsor reported an incorrect number of meals
13. All menus provided did not support the requirement that one whole grain-rich grain must be served each day

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

Measure No. 1: The number of participants reported in the free and reduced price category was incorrect

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.2: The Sponsor claimed the incorrect number of meals

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 3: The Sponsor reported an incorrect number of meals from an observed meal

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 4: A breakfast meal was served outside of the approved service time

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 5: The Sponsor provided infant menus that did not meet USDA requirements

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.6: The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served requiring milk

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 7: Menus provided did not support the requirement that one whole grain-rich grain must be served each day

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 8: The Sponsor provided infant menus that did not meet the new CACFP meal pattern requirements for infants effective October 1, 2017

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 9: The Sponsor claimed the incorrect number of meals

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 10: The Sponsor reported incorrect participant days

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 11: The number of supplement meals verified exceeded the validated participant days

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 12: The Sponsor reported an incorrect number of meals

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 13: All menus provided did not support the requirement that one whole grain-rich grain must be served each day

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:	Position:
Signature of Authorized Institution Official: _____	Date: / /
Signature of Authorized TDHS Official: _____	Date: / /

APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES

Appeal Procedures

1. Pursuant to 7 CFR §226.6(k)(4), the TN Department of Human Services (TDHS) must provide administrative review procedures to institutions and responsible principals and responsible individuals as follows:

- (a) Annually to all institutions;
- (b) To an institution and to each responsible principal and responsible individual when the State agency takes any action subject to an administrative review as described in 7 CFR §226.6(k)(2); and
- (c) Any other time upon request.

2. Pursuant to 7 CFR 226.6(k)(3) and (k)(9), some administrative actions are not subject to administrative review. Those actions are listed in paragraph 2.(a). Other administrative actions may be administratively appealed. Those actions are listed in paragraph 2.(b) and (c). All institutions and sponsoring agencies may appeal any adverse administrative action listed in paragraph 2.(b) which are taken by the TDHS by requesting a fair hearing to appear in person to refute the action, or by requesting a review of written information in lieu of a fair hearing.

(a) Pursuant to 7 CFR Part 226.6 (k)(3) TDHS is prohibited from offering administrative reviews of the following actions:

- (i) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim.
- (ii) Determination of serious deficiency.
- (iii) State agency determination that corrective action is inadequate.
- (iv) Disqualification and placement on State agency list and National disqualified list.
- (v) Termination.
- (vi) State agency or FNS decision regarding removal from the National disqualified list.
- (vii) State agency's refusal to consider an application submitted by an institution or facility on the National disqualified list.

(b) Pursuant to 7 CFR Part 226.6(k)(9), an abbreviated appeal process is available for the following actions. TDHS must limit the administrative review to a review of written submissions by the TDHS and institutions or sponsoring agencies concerning the accuracy of the State agency's determination if the application was denied, or the State agency proposes to terminate the institution's agreement because:

- (viii) The information submitted on the application was false;
- (ix) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is on the national disqualified list;
- (x) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is ineligible to participate in any other publicly funded program by reason of violation of the requirements of the program;

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

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hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

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continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

Tennessee Department of Human Services
Division of Appeals and Hearings
PO Box 198996, Clerk's Office
Nashville, TN 37219-8996
Fax: (615) 248-7013 or (866) 355-6136
E-mail: AppealsClerksOffice.DHS@tn.gov

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.